

Internship Application for Summer 2020



Congresswoman Nita M. Lowey
17th District, New York
U.S. House of Representatives

To this form, please attach a cover letter, resume, and two writing samples no more than two pages in length. Please email your application to NY17Internship@mail.house.gov by close of business on **March 13, 2020**. **If you plan to apply for the salaried internship** please see the last section of application. Applicants may be scheduled for interviews following the application submission. Please type or print clearly in ink.

Please indicate below your session preference with the numbers 1 and 2. If you are unavailable for a session, please do not put any number beside it.

_____ Session I (Tuesday, May 26 – Friday, July 3)

_____ Session II (Monday, July 6 – Friday, August 14)

PERSONAL INFORMATION

Name: _____ Preferred Pronoun(s): _____

Current Address: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Daytime Phone Number: () _____

EDUCATION

Name of College or University: _____

Class Standing (FR/SPH/JR/SR): _____

Major/Minor: _____

G.P.A: _____

Expected date of graduation (Month/Year): _____

REFERENCES

(Please provide at least one)

Name: _____

Company: _____

Title: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____

Company: _____

Title: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Daytime Phone Number: () _____

Will you receive college credits for your internship? _____NO _____YES

If yes, please answer these questions:

How many hours of credit will you receive? _____

How many hours are you required to work? _____

If you are seeking an internship as part of an educational program, please specify any internship requirements (ex: hours, responsibilities, duration, whether or not you are interning for school credit) if not already listed. Due to a high volume of applicants, especially during the summer months, we are sometimes unable to accommodate strict requirements. Please attach any program evaluation forms that our office would be required to complete for your program.

PERSONAL ESSAY

(Please attach your response to the following page)

In 300 or fewer words, explain how your abilities, employment, and course work have prepared you to serve as an intern in Congresswoman Lowey's office as well as how this experience would further your career and academic interests.

Supplementary Application for Paid Internship:

Congresswoman Lowey's office offers the opportunity for college students who might otherwise not be able to pursue a DC internship because of costs to apply for a salaried internship of \$1800/month. The length of the internship will be a minimum of two months and may vary throughout the year based on the needs of the office and of the student who is chosen. This opportunity will be available to one student per semester and in the summer. Applications will be evaluated and recipients will be recommended by a Paid Internship Application Review Board composed of community leaders from the 17th Congressional District. **Please see below to determine if you may be eligible for the salaried internship before completing this section of the application.**

- The salary is offered for internships in the DC office only.
- It is available only to students from New York's 17th Congressional District. You can determine whether you are a constituent based on the zip code for your permanent home address [here](#).
- Preference will be given to students who have finished their freshman year but not yet graduated, though graduates may apply.
- To be considered for the salary, you must include your Free Application for Federal Student Aid (FAFSA) Student Aid Report (SAR) for the 2019-2020 school year in the email with this application, or, if you are a graduate, the FAFSA SAR for your last school year in college.

**Please note that our office understands that any income an intern receives is taxable and will be considered in future year applications for student financial aid.

If you are eligible and applying for the salaried internship, please complete the following:

If you are eligible and applying to receive the salaried internship, please answer these questions:

Will you pay tuition during your internship? ____NO ____YES

Does your academic institution allow students to receive pay during internships?
____NO ____YES

Will you receive funding for your internship from any other source – i.e. fellowship, non-profit, or school internship program or scholarship? ____ NO ____YES

If yes, please provide the following information:

Source: _____

Contact Name, Title and Phone: _____

Estimated amount_____

Please provide your complete availability between Tuesday, May 26, 2020– Friday, August 14, denoting the range of dates you are available as well as full- or part-time availability. If you are available part-time, please include the days and hours that you can work for the duration of time for which you are available during the session for which you are applying. (EX.: *I am available from June 22 to August 7, all day Mon, Tues, and Thurs, and from 9-2 on Wed and Fri.*)

ESSAY

In 300 or fewer words, please share how this salary would make a difference in your ability to pursue a Congressional internship and how the internship would have a unique impact on your education and career.

REQUIRED ATTACHMENT

Don't forget to attach your FAFSA SAR to the email in which you return this application.